

Acute Rheumatism

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Oct. 27th

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 admitted March 8th 1825

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A
Dissertation
On Acute Rheumatism

Acute Rheumatism is a disease of such frequent occurrence, and often so difficult of cure, that men of the most acknowledged talents of every age have been employed in its investigation, yet its precise nature appears to be enveloped in obscurity. Its relation to gout has been universally acknowledged, and in fact such is the affinity in some instances, that it is a matter of difficulty to discriminate between the two affections. Dr. Cullen in his nosological arrangement has placed acute rheumatism in the class pyrexia, and under phlogmasia the propriety of which arrangement is evident from the nature of the disease. The inhabitants of cold climates are

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said to be much more subject to this disease than those of warm ones and it appears most frequently in autumn and spring, less so in winter and rarely in summer, it may however occur at any time, when the vicissitudes of heat and cold are frequent. the most usual remote cause of rheumatism is exposure to cold when the body is preternaturally warm, or the subjection of a part of it to the influence of cold while the rest is kept warm, or a long continued application of cold or moisture which is the case with those persons who are employed in building dams and who frequently become the subjects of this affection. Adults are more frequently the subjects of rheumatism than young persons but as no age is exempt from the causes named above none is free from its attacks.

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Rheumatism is said most ^{frequently} to attack those persons who are of a sanguineous temperament, and it is presumed by a practitioner of ingenuity to be in some degree of a hereditary nature, and his arguments are such, as to entitle his opinion to some degree of credit. Those who are affected with rheumatism are apt to experience an exacerbation of pain when the weather is about to become damp or wet, and so remarkably is it the case with some, that they can with great accuracy foretell its approach.

Symptoms of acute Rheumatism.

The symptoms of rheumatism are pain which affects the joints for the most part, but sometimes the muscles are involved. The pain frequently extends along the course of the muscles from one joint to another, and is always increased by

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the action of the muscles which belong to the joint. The large joints are most frequently the seat of this disease, but the small ones are sometimes though rarely affected. When many parts of the body are affected at one time, the disease is most frequently ushered in by some degree of lassitude, and also with rigors, succeeded by other febrile symptoms, as full frequent and hard pulse. Fever is said sometimes to be formed before the pain is perceived, but most frequently the pain is felt before any febrile symptoms are manifested. It is the opinion of a practitioner of this city that fever very rarely precedes pain and never irritation. If one joint only is affected the fever is not apt to be very considerable, but if several are involved the fever is generally much more violent. When several joints are diseased it

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is a very common occurrence for the pain to be diminished in one joint and to become aggravated in another, they also frequently recede from one joint to another and it is not unfrequent for the one first attacked to become again affected, the duration of the disease by this means being very much protracted. Metastasis to some vital part is of frequent occurrence in rheumatism, by which the alimentary canal and the deep seated muscles as the diaphragm and heart are not unfrequently affected. Patients labouring under this disease are apt to suffer an exacerbation in the evening, the pain now becomes more severe, and it is at this time that it is most apt to change its position. After a joint has been for some time affected with pain a redness occurs, and also a swelling which is succeeded by a diminution of

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pain, the inflamed vessels having relieved themselves by effusion. In the early stage of rheumatism sweating frequently takes place, but the pain is seldom removed by it, and it is observed that the affected joint is at this time in a state of aridity. The urine in rheumatism is high coloured, and when the remissions of fever are considerable, deposits a laceritious sediment. The blood when drawn always exhibits the inflammatory surface, and the tongue is uniformly of a white appearance. Although rheumatism for the most part agrees in nature with the phlegmasiae there is a manifest difference, which is its never terminating in suppuration. The inflamed vessels often relieve themselves by the discharge of a fluid, but this fluid is of a very different nature from that of pus. Some contend that the inflammation attending

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rheumatism is of a nature sui generis, while others affirm that it differs very little from that which exists in other inflammatory diseases. bullen mentions that the acute rheumatism very frequently terminates in the chronic, but a very different opinion is advanced by baldwell who believes that it very rarely terminates in this way if properly treated, more especially in youthful persons or in those who have not attained the age of forty-five.

Acute rheumatism is distinguished from gout by the gradual manner in which it makes its appearance, by its frequently shifting from one joint to another and by its being confined principally to the large joints. The fever which attends rheumatism is also of a more continued form than that which exists in gout. In rheumatism there is an absence of those chalky

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concretions which are so frequently found about the joints in cases of gout.

I will here mention that rheumatism may be confounded with some other affections, as hepatitis or inflammatory affections of the chest, but by the necessary attention the discrimination may be very easily made by observing the effect of pressure on the part which is the seat of pain. If the disease be rheumatism there will be an increase of pain on pressure which will not be the case if either of the other affections exists. Acute rheumatism though a most painful and distressing disease seldom terminates fatally in some instances it goes off spontaneously and in others it is relieved by the administration of remedies, but the patient sometimes falls a victim to

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general inflammation or is destroyed by metastasis to some vital part, as the head the heart or the lungs. As previously observed it seldom if ever terminates in suppuration, but a serous or gelatinous fluid is sometimes the result.

In rheumatism the prognosis may be regarded as favourable where the urine deposits a lenticular sediment, where there is general but not profuse perspiration, where eruptions appear on the skin or where hæmorrhage takes place from the nose or other parts. But the prognosis may be regarded as unfavourable in all those cases in which the inflammation becomes erysipelatous and assumes a dark or rose colour and is followed by vesications, as here metastasis to some vital part is to be apprehended.

The phenomena which are most common

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ly revealed to us on dissection, where this disease proves fatal, are effusions in the cranium and topical affections of some of the viscera. The only phenomena which are observable in the joints are a thickening of their membranes, an effusion of a gelatinous fluid and adhesions.

The proximate cause of rheumatism as has been previously observed appears to be enveloped in obscurity, my only intention therefore shall be to point out the various opinions that have been advanced respecting it. The first of these which we shall mention is that advanced by McBride who imagines that it consists in a peculiar acromony. By others it has been conjectured that it had its origin in a lentor of the fluids which gave rise to an obstruction of the vessels of the part. Dr. Cullen objects to both of the preceding opinions, and concludes

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that the proximate cause of acute rheumatism is the same as that of other inflammations that do not depend upon a direct stimulus. A. writer of great ingenuity remarks that there is an inflammatory diathesis of systems and that the muscular fibre or cellular membrane or both are evidently affected, but he observes that it is not quite so manifest which is primarily the seat of the disease though he imagines that the cellular membrane is the part which is primarily affected, and he advances many arguments in support of his opinion. The last opinion which we shall mention is that advanced by Scudamore who believes that the fibrous textures are the parts primarily ^{affected} and that the system is sympathetically irritated and this opinion is corroborated by most of the modern au

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thorities. The last named author has defined rheumatism, to be a peculiar species of inflammation, affecting parts which have a fibrous texture and most frequently the synovial membranes; producing much sympathetic irritation in the constitution.

We shall now proceed to mention the treatment of rheumatism, about which there has been also much difference of opinion, some advising the use of depleting remedies, while others as strongly recommend a different mode of treatment. A liberal and early use of the peruvian bark has been resorted to, in acute rheumatism, by some of the most respectable european writers, among whom is Fordyce who employs this remedy to the entire exclusion of bloodletting which he presumes is apt to produce metastasis. Dr. Haygarth is also an advocate for

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the early employment of this remedy, he mentions that his practice is to administer the antimonial powder or tartarized antimony till the stomach and bowels are sufficiently cleansed after which he commences the use of the bark in small quantities gradually increased, provided it disagrees or does not produce relief the antimonial is repeated and the use of the bark again resumed, and in favour of this mode of treatment he has adduced the most respectable authority.

The propriety of a different mode of practice, especially as the disease appears in the United States, has been taught in this university.

Venesection in acute rheumatism is a remedy of primary importance and its employment in many cases should be carried to a very considerable extent

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The treatment of rheumatism by this remedy is now the established practice in this country, and is the plan which has been found by experience to be the most successful, but its employment should be regulated by the state of the system and constitution of the patient. A repetition of this remedy may be resorted to on the same day where the pain continues severe and the pulse is full quick and hard, but it is to be observed that this plan can be adapted only in the early stage of the disease. The size appearance of the blood is not a good criterion by which to form our judgment with respect to the extent to which this remedy may be employed, as this appearance increases in rheumatism notwithstanding the abstraction of blood. We should be governed in the detraction of blood by the pain and more par-

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ticularly by the state of the pulse which in most instances leads to the correctest knowledge of the state of the circulatory system which is presumed to be affected in this disease. By Dr. Bullen profuse bleedings are deemed improper, as he imagines they are apt to induce the chronic form of rheumatism but this position is denied by Dr. Caldwell who asserts that they never are productive of chronic rheumatism, but that it is rather to be attributed to the too sparing employment of this remedy that the acute terminates in the chronic rheumatism. It has been urged as an objection to this remedy that it is apt to produce metastasis, but it is presumed that this is never the case. Purgings are also found to be of the greatest utility in the treatment of rheumatism. The necessity of keeping the bowels open by the use of purgatives is acknowledged by every

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one; the mercurial or saline purgatives are commonly selected for this purpose. Should the bowels be in a state of constipation enemata may be resorted to with great advantage. When there is much inflammatory action and where there is a very great degree of pain on motion they should be employed merely for the purpose of keeping the bowels in a gently laxative state, for if carried beyond this they do the patient as much injury by the motion which he is compelled to use, as they do good by their evacuant powers. Active purging is useful in those cases in which venesection cannot be further employed from the debility which is induced by it, or in those in which though there is sufficient strength remaining, yet the disease is aggravated in consequence of the augmentation in the excitability of

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of the bloodvessels purging in this case quits the mobility of the arteries and diffuses the excitability over the whole system which was before principally confined to the sanguiferous. The circumstance of rheumatism frequently alternating with or being cured by a spontaneous diarrhoea, has led to the employment of the purgative plan in protracted cases, and it has been found one of considerable utility.

Sweating is a remedy which has been for a long time employed in this disease and one from which great benefit is often derived. We should not resort to this remedy untill the necessary evacuations have been promised, after which it is deemed most advisable to commence with the antimonial powder which should be given every hour or two according to circumstances, but should one of a more stim

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ulating nature, be necessary the dovers powder is to be substituted which may be given once every four hours. The external means of producing diaphoresis, as warmth applied either in the dry or moist way, should be employed to aid the internal remedies and the flannel shirt worn next the skin. As soon as the patient begins to perspire some warm drink should be given with a view to aid the above remedies in keeping up the perspiration which should be continued at least twenty-four hours or untill relief is obtained. Should the diaphoretic plan not prove evidently beneficial in twenty-four hours it should be discontinued as its further employment may prove injurious by inducing debility.

Topical depletion by cups or leeches should be employed in every case in which there is much pain and local inflammation; the

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phlogistic diathesis having been somewhat reduced by the previous employment of general bloodletting. This mode of evacuation has been by some advised to the exclusion of venesections but it is presumed there are few cases in which the general remedy can not be employed, and where it can be, it should always precede the topical.

Blisters are useful in the treatment of rheumatism and should be applied after the topical detraction of blood and in those cases in which the pain is confined chiefly to one joint.

Stimulating liniments are often productive of much relief, and may be resorted to under pretty much the same circumstances as the blister.

bold applications have been recommended, but they are certainly injurious. The bandage has been recommended in

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the highest terms by an author of much ingenuity, and he relates a number of cases in which it proved efficacious. Percussion is also spoken of in very high terms by the same writer, but it is presumed that little benefit will be derived from either of the remedies.

The prussic acid has been recently employed in the Pennsylvania hospital, but very little if any benefit has resulted from its employment. A variety of other remedies might be enumerated which have been proposed for the cure of acute rheumatism, but believing that the depleting plan is by far the most successful, we deem it unnecessary to relate them.

The diet in rheumatism should be of the lightest and least stimulating kind, such as toast and water, apple water, barley water, rice water or tamarind water. Nothing of

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a more stimulating nature than the above articles should be allowed to a patient labouring under rheumatism, as it is a highly inflammatory disease

To prevent a relapse flannel should be worn next the skin and all the exciting causes should be avoided.